PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10202929

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1) (C			olumn 2)		TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS			24			·		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 1/ minus 20=		* 4		·	X\$ 9=		OR	X\$18=	72	
_	DEPENDENT C		3 minus 3 =		0			X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "						olumn 2		TOTAL		OR	TOTAL	242	
	C			•		OTHER	THAN						
(Column 1) (Column 2) (Column								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAIM	=		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
	·							TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	-	
			WDII. PEE (•	ADDII. FEEL							
		(Column 1) CLAIMS		(Colum	ST	(Column 3)	lr	1	ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	* •	Minus	***			lΓ	X43=	-	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
										OR	+290=	•	
		•	A	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												, ,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=	1	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT, FEE		
٦	i me "nignest Nui The "Highest Num	mber Previously Paid ober Previously Paid	io For IN THIS I For" (Total or	SPACE is Independer	iess than nt) is the l	i 3, enter "3." highest number		ODIT. FEE L d in the app	ropriate box	in colu	ımn 1.	, ;	